Und	er the Paperwork	Reduction Act of 1	I NOITA	rsons are require FEE DETER for Form PTO	MINATION	a collection of info	rmation unles	Application	PARTMENT OF s a valid OMB com or Docket Num	introl number 37
CLAIMS AS FILED - PART I						OVALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	(Column 1) (Column 2)				mn 2)	SMALL ENTITY			3,,,,,,,	
	FOR	NUMBER	NUMBER FRED		NUMBER EXTRA		FEE		RATE	FEE
	C FEE FR 1.18(a))						<u> </u>	OR		1
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E 0	ne difference in co	dumn 1 is less than	r zero, ent	er "0" in column 2		TOTAL		OR	TOTAL	
	CI.	AIMS AS AME	NDED -	- PART II					_	
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۷		REMAINING	ŀ	NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	. ADDI- TIONAL		KAIE	TIONA
OMENT		AFTER AMENDMENT		PAID FOR			FEE			FEE
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ပ		CLAIMS REMAINING		NUMBER	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	TION
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AMENDMENT	Total	•	Minus	••	•	x s=	ļ	OR	x s=	┼
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S	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+5 =	1	OR	+ 3	<u> </u>
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPCRIDENT GOTTER (4. 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				TOTAL ADO'L FEE		OR	TOTAL ADD'L FEE		

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"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".
"If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".
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If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.